

Tennessee Department of Mental Health and Developmental Disabilities Emergency Transfer from an *RMHI* to *FSP*

I. Purpose

This policy was developed to provide guidelines for the emergency transfer of a service recipient from a Regional Mental Health Institute (RMHI) to the Forensic Services Program (FSP) at Middle Tennessee Mental Health Institute.

II. Policy

The Division of Mental Health Services will insure that the emergency transfer of a patient from an RMHI to FSP is expeditious, appropriate and in consideration of the welfare and safety of the patient.

The following criteria must be met in order for a transfer to be considered:

1. the individual requires emergency care and treatment that cannot be provided by the transferring facility;
2. the transfer is in the individual's best interest, and
3. the individual has a substantial likelihood of injuring himself/herself or others if not treated in a secure facility.

III. Procedure

After determination that the patient meets the criteria for emergency transfer, the following procedures must be implemented:

1. The Chief Officer or designee of the referring RMHI will:
 - (a) Place telephone call to the Director of Forensic Services; and
 - (b) Fax the following to the Director of Forensic Services or to the Forensic Specialist assigned to the referring RMHI:
 - Recommendation for transfer from the Chief Officer that includes the rationale for transfer and the interventions taken to treat the individual prior to the request;
 - Documentation of the need for transfer from either a licensed physician or a licensed psychologist with health service provider designation;
 - A written report of a physical examination completed by a licensed physician within the last 24 hours;
 - A written report of a mental assessment and evaluation completed by physician or licensed psychologist within the last 24 hours; and
 - A risk assessment form completed within the last 24 hours that includes the defendant's current legal status.
2. Upon receipt of the above information, the assigned staff in the Office of Special Services will review the request and make a recommendation to the Deputy Assistant Commissioner, the Assistant Commissioner and the Commissioner.
3. Upon review of the above information, the Deputy Assistant Commissioner, Assistant Commissioner or Commissioner will:
 - (a) authorize transfer via Forensic Specialist, or
 - (b) request that further information be received before authorization, or
 - (c) deny the transfer.
4. The decision will be verbally conveyed to the referring facility, the chief officer of MTMHI or his/her designee and to the forensic coordinator of FSP by the staff person assigned in the Office of Special Services.

5. The staff person assigned in the Office of Special Services will then:
 - (a) complete an emergency transfer check sheet (Attachment #1);
 - (b) cover sheet (A) attaching items A1 through A3 (justification for the transfer, the physical exam, the mental assessment and evaluation);
 - (c) complete memos to the Deputy Assistant Commissioner, to the Assistant Commissioner and to the Commissioner (Attachments #2A, 2B; and 2C).
 - (d) complete memos (Attachments #2D and #2E) from the Commissioner to the Chief Officers of both referring and receiving facilities authorizing immediate transfer to FSP, and attach all documents specified in 1b.
6. The authorization form (Attachment 2F) is then routed to the following for initialing:
 - (a) Deputy Assistant Commissioner
 - (b) Assistant Commissioner ;and
 - (c) Commissioner
7. Forward the signed authorization memo to the referring Chief Officer with a copy to the Chief Officer of MTMHI and the Director of FSP. (Attachment 2F)
8. Upon receipt of the authorization, the referring Chief Officer will:
 - (a) assure that the patient receives a signed statement from the Chief Officer notifying the patient of the transfer (Attachment #3), and a complaint form (Attachment #4);
 - (b) obtain a signed receipt of the notice to the patient (Attachment #5); and
 - (c) verbally contact appropriate relative or conservator followed by written notice of transfer (Attachment #6) with complaint form (Attachment #4) via Certified Mail.
9. The patient may then be transferred, accompanied by a copy of the patient's clinical record.
10. The Chief Officer of the referring facility will then notify the committing court of the emergency transfer (Attachment #7).
11. The Chief Officer or designee of the referring facility will prepare and send a transfer packet to the assigned staff in the Office of Special Services that will include:
 - (a) cover letter from Chief Officer certifying the transfer is in the patient's best interest, and justifying the need for security;
 - (b) a copy of the court commitment order;
 - (c) a copy of court notification of the transfer (Attachment #8); and
 - (d) copy of the notification of the transfer to the patient and to the appropriate relative or conservator(Attachment #6) .
12. Within 72 hours of the transfer to FSP, the treatment team at FSP will determine the need for continued treatment for up to 30 days at FSP.

13. If continued treatment at FSP is recommended:
 - (a) the Chief Officer of MTMHI or his/her designee will notify the patient (Attachment #9); and
 - (b) the staff of FSP will file a complaint for commitment under Title 33, Chapter 6, Part 5, Tenn. Code Ann. if necessary;
 - (c) notify the assigned staff in the Office of Special Services need for continued stay via copy of memo to patient (Attachment #9); and
 - (d) the Commissioner or designee will send written notice of verbal authorization for the transfer to the patient (Attachment #10) and to the referring and receiving Chief Officers (Attachments #11 & #12).
14. If continued treatment at FSP is not needed:
 - (a) the FSP Coordinator will notify the referring RMHI Chief Officer by telephone followed by letter, and the patient must be returned to the referring facility; and
 - (b) notify the assigned staff in the Office of Special Services by telephone followed by a copy of the letter to the Chief Officer of the RMHI.
15. Within thirty (30) days of the transfer to FSP, the FSP treatment team will determine if continued treatment at FSP is required.
16. If indefinite treatment at FSP is recommended:
 - (a) the Chief Officer of MTMHI or his/her designee will notify the patient (Attachment #13); and
 - (b) notify the Forensic Specialist in the Office of Special Services in writing requesting approval from the Commissioner of DMHDD (Attachment #14).
17. If the indefinite treatment is approved by the Commissioner, the Commissioner will :
 - (a) notify the Chief Officer of the referring facility ((Attachment #15);
 - (b) notify the receiving Chief Officer (Attachment #16);
notify the patient and include a complaint form (Attachment #17 and #4); and;
 - (c) notify the appropriate family member or conservator and include a complaint form (Attachment #18 and #4).
18. If indefinite treatment at FSP is approved, the FSP Coordinator will notify the
the committing court of the indefinite transfer.
19. If indefinite treatment at FSP is not recommended;
 - (a) the Chief Officer of the receiving facility or his/her designee will notify the Chief Officer of the referring facility, and the patient must be returned to the referring facility.
20. The Coordinator of FSP will notify the assigned staff in the Office of Special Services of the patient's return to the referring facility.